

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <div>03 — 001</div>	2. STATE: R.I.
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2003	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Title XIX OF THE Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2003 \$ 108,024 b. FFY 2004 \$ 145,604
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 6 to Attachment 2.6-A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 6 to Attachment 2.6-A <i>Rhode Island (03-001)</i>

10. SUBJECT OF AMENDMENT:

Standards for Optional State Supplementary Payments

Approved: 4/24/03
Effective: 01/01/03

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
See Attached Letter

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Jane A. Hayward</i>	16. RETURN TO: Linda A. Winfield Department of Human Services 600 New London Avenue Cranston, Rhode Island 02920
13. TYPED NAME: Jane A. Hayward	
14. TITLE: Director	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 3-13-03	18. DATE APPROVED: 4-24-03
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1-1-03	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Richard R. McGreal</i>
21. TYPED NAME: Richard McGreal	22. TITLE: Acting Associate Regional Administrator
23. REMARKS:	

State: RHODE ISLAND
STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

<u>PAYMENT CATEGORY</u>	<u>ADMINISTERED BY</u>		<u>INCOME</u>		<u>LEVEL</u>	<u>INCOME DISREGARDS</u>	
						<u>EMPLOYED</u>	
			<u>GROSS</u>		<u>NET</u>		
(Reasonable Classification)	Federal	State	One Person	Couple	One Person	Couple	
(1)	(2)		(3)		(4)		(5)
<u>Institutionalized Individual (ABD)</u>							
A) * Would receive payment if in community		X	\$1,303.70	NA	\$ 609.35	NA	SSI
B) Would not receive payment in community		X	\$1,656.00	NA	* \$ 50.00	NA	SSI
C) Receives payment	X		Under \$50.00	NA	* \$ 50.00	NA	SSI
<u>Community ABD</u>							
A) Living independently (includes domiciliary facilities)	X		\$1,303.70	\$1,960.00	\$ 609.35	\$937.50	SSI
B) Living in home of another	X		\$ 960.88	\$1,447.34	\$ 437.94	\$681.17	SSI
C) Residential Care and Assisted Living	X		\$1,656.00		\$1,127.00		SSI

* Individual with no dependents receives \$50 for personal needs plus insurance premium for Part B. Remaining income is applied to cost of care. When an individual with no income receives a \$30 payment from SSI, the State supplements an additional \$20 to bring his/her personal needs allowance up to \$50.

TN No. 03-001
Supersedes
TN No. 02-001

Approval Date: 4-24-03

Effective Date: 01/01/2003